

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

CHERESE L. J. HAD

COURT CASE NUMBER

104-CV-12550

DEFENDANT

Massachusetts Institute of Technology

TYPE OF PROCESS

Summ./Comp.

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Sullivan Weinstein & McQuay, P.C.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

Two Park Plaza, Suite 610 Boston, MA 02116-3902

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

CHERESE L. J. HAD

79 MURDOCK ST

ROXBURY MA 02119

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

2005 MAR 29 A 10:19

RECEIVED
U.S. MARSHAL SERVICE
BOSTON, MA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Sullivan Weinstein & McQuay, P.C.
Two Park Plaza, Suite 610
Boston, MA 02116-3902

Signature of Attorney or other Originator requesting service on behalf of:

Cherese J. Had

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

617-541-3601

DATE

3/29/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Karey Salauer

Date

3/29/05

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Robert Sullivan

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

4/1/05

Time

11:00 am

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges (including out-of-pocket expenses)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: